Midlothian ISD School Health Services Over-The-Counter Medication Administration

Parent Request For the Administration of Over-The-Counter Medication to a Student

Over the counter (OTC) medication **MUST** be in the original container, with the student's name on the container. OTC medications may be left in the clinic during the entire school year with a parent's signature. OTC medications will be given according to the label on the package unless otherwise directed by a physician. OTC medications will not be given for more than FIVE consecutive school days without a physician's order.

NOTE: We are unable to store any medications at the school during the summer and will dispose of all medications left in the clinic after the last day of school.

Student Name	Date of Request
Date of Birth	Grade
Campus	Teacher
Name of OTC Medication	Expiration Date
Amount to be given	Time/Interval to be given
Condition for which medication should be administered Special Instructions	
I consent to the release of medical information contained on to educational interest in the information, according to MISD boat Act. I give permission for the release of confidential information parties, other than school officials, as required to facilitate menurse and the prescribing physician to confidentially discuss of student's response to the prescribed medication as needed process.)	ard policy and the Family Education Rights and Privacy ion regarding my child's specific health problems to third edical care and/or treatment of my child. I authorize the or clarify this medication order and to discuss the
Signature of Parent/Guardian	Daytime Telephone Number

MISD will not discriminate in its educational programs, activities, or employment practices, based on race, ethnicity, gender, disability, religion, or any other legally protected classification.